

EXHIBIT 5

Form X-17A-5 Filer Information

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

**ANNUAL AUDITED REPORT
Form X-17A-5
Part III**

OMB Number: 3235-0123, 3235-0749

Estimated average burden hours per response: 12.00

FORM X-17A-5

FACING PAGE
Information Required of Brokers and Dealers Pursuant to Section 17 of the
Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

X-17A-5: Filer Information

Filer CIK	<input type="text" value="0000931371"/>
Filer CCC	<input type="text" value="XXXXXXXX"/>
Is this a LIVE or TEST Filing?	<input checked="" type="radio"/> LIVE <input type="radio"/> TEST
Would you like a Return Copy?	<input checked="" type="checkbox"/>
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>
Confirming Broker Dealer Copy File Number	<input type="text"/>
Confirming Security-Based Swap Entity Copy File Number	<input type="text"/>
Submission Contact Information	
Name	<input type="text"/>
Phone	<input type="text"/>
E-Mail Address	<input type="text"/>
Notify via Filing Website only?	<input type="checkbox"/>

X-17A-5: Submission Information

Report for the Period Beginning	<input type="text" value="01-01-2022"/>
and Ending	<input type="text" value="12-31-2022"/>
Type of Registrant	<input checked="" type="checkbox"/> Broker-dealer <input type="checkbox"/> Security-based swap dealer <input type="checkbox"/> Major security-based swap participant <input type="checkbox"/> OTC derivatives dealer

Material Weakness

Does this submission include an accountant's report covering the compliance report that identifies one or more material weaknesses? ☐ Yes ☒ No

X-17A-5: A. Registrant Identification

Name of Firm	<input type="text" value="SANTANDER INVESTMENT SECURITIES INC."/>
Address of Principal Place of Business (Do not use P.O. Box No.)	
Address 1	<input type="text" value="437 MADISON AVENUE"/>
Address 2	<input type="text" value="FLOORS 6, 7, 8, 9 AND 10"/>
City	<input type="text" value="NEW YORK"/>
State/Country	<input type="text" value="NEW YORK"/>
Mailing Zip/ Portal Code	<input type="text" value="10022"/>
Name and Telephone Number of Person to Contact in Regard to this Report	
Name	<input type="text" value="Richard Ro"/>

Telephone Number

212-350-3662

X-17A-5: B. Accountant Identification

Independent Public Accountant

Name - if individual, state last, first, and middle name

PricewaterhouseCoopers LLP

Address 1

300 Madison Avenue

City

New York

State/Country

NEW YORK

Mailing Zip/ Postal Code

10017

Check One

- ☒ Certified Public Accountant
☐ Certified Public Accountant not resident in United States or any of its possessions

X-17A-5: Signature

Oath or Affirmation

I, **Felix Munoz Elorza**, swear (or affirm) that, to the best of my knowledge and belief, the financial report pertaining to the firm of **SANTANDER INVESTMENT SECURITIES INC.**, as of **12-31-2022**, is true and correct. I further swear (or affirm) that neither the company nor any partner, proprietor, principal officer or director has any proprietary interest in any account classified solely as that of a customer, except as follows:

Signature

Felix Munoz Elorza

Title

Former Chief Financial Officer

Notary Public

Checking this box acknowledges that this oath or affirmation has been notarized.

